the symptoms of tabes dorsalis, but at the autopsy the central nervous system was found to be almost normal. Such cases led Trousseau to look upon the disease as a neurosis. Others reserved their interpretation of them until science should have advanced our knowledge. It soon became possible to explain those cases which upon autopsy showed degeneration of the posterior columns, but intra-vitam had not shown any of the usual symptoms of tabes (sclerosis of the columns of Goll). Then also it became possible to explain a certain class presenting tabetic symptoms intra-vitam, but showing no lesion of the cord on autopsy (multiple neuritis). Thus the term pseudo-tabes must be restricted to cases presenting the symptoms of tabes, but upon autopsy showing the intactness of the central nervous system, the spinal roots, and the peripheral nerves. Such a case is here described.

CASE.—Male, æt. 45, no heredity, no syphilis or alcoholism ; venereal excesses. In 1877, at age of 36, attacks of sharp, lancinating pains, beginning in the right hip and extending later to the left. Polyuria. In 1880, belt pain ; unsteady gait ; sensation of swelling of feet ; Romberg's symptom. From 1881–'86, disorders of micturition, rectal tenesmus, gastric crisis.

Typical fulgurating pains. Continuation of motor incoordination. No disorders of sight, or trophic disturbances. Patellrar tendon-reflexes preserved. Death due to tuberculous pleurisy.

Autopsy : No sclerosis of the cord. No atrophy of posterior roots. Integrity of peripheral nerves. G. W. J.

ON THE DISEASE PHENOMENA AFTER CONCUSSION OF THE SPINAL CORD IN RAILWAY ACCIDENTS (Transactions of the Berlin Society of Internal Medicine. Meeting of January, 1888).

Dr. Oppenheim in discussing this subject stated that the symptomatology of this class of affections had not been materially changed since first described by Erichsen. Only certain symptoms which had been neglected as subordinate by him in his description have an increased importance, owing to newer and more accurate methods of investigation. It was then presumed that the injury was confined to the spinal cord, and all symptoms were referred to that organ, hence the term railway-spine. Certain known cerebral symptoms were disregarded, whereas now more and more attention is paid to the latter, so that the terms "railway-spine" has become converted into "railway-brain," and traumatic meningo-myelitis into traumatic hysteria.

The symptomatology is varied and motley, so that one cannot speak in this relation of a definite set of symptoms excepting of certain nuclear symptoms which appear in every case. The most prominent change occurs in the *psyche*, especially in the affective sphere. Emotional depression and abnormal irritability represent the psychical disturbance. The patients are moody, busy themselves with painful delusions, love to be alone. Two conditions serve to differentiate this psychical change from that of melancholia :

1. Abnormal irritability.
2. Hypochondrical nature of the psychical change.

Sometimes it becomes necessary to treat those cases, which show the condition of fear, in asylums.

Disturbances of sensation and of the functions of the organs of special sense occur frequently. Seldom is the typical girdle sensation experienced.

Motor disturbances show themselves by the energetic character of muscular movements, by the position of the body in walking, etc. Some patients can walk backwards better than forwards. Tremor is most frequent.

Speech disturbances are also present and are anomalous in character. Certain phenomena in the circulatory apparatus, which have heretofore been undiscovered, are quite characteristic. Very frequently there are attacks of cardiac palpitation with increased pulse rate and accompanied by a feeling of fear and unequally dilated pupils; during these attacks the pulse may record 160 beats per minute. The least emotional disturbance or mental impression increases an already increased pulse beat, the entire body becomes flushed and perspiration freely flows from the surface of the body. The area of cardiac pulsation is increased. In one case hypertrophy and dilatation of both ventricles developed.

It is thus seen that this disease is essentially a combined psychosis and neurosis. At any rate almost all the disease manifestations point to a cerebral basis, and hence the term "railway-spine" should be abolished. Nor should traumatic hysteria, or Page's traumatic neuræsthenia be substituted. Under the conception of traumatic neurosis and traumatic psychosis the greatest majority of the cases may be included. One limitation should be made for those cases which, few in number, show bladder disturbance, iridoplegia, and optic nerve atrophy; cases which show material changes in the central nervous axis concerning which we have not yet been enlightened. N. E. B.

PRIMARY ACTINOMYCOSIS OF THE HUMAN BRAIN (Munchner Med. Wochenschrift, 1887, No. 41).

The patient, a female of sixteen years, complained one year before death of severe headache, to which there was added a paresis of the left abducens. Six months after this she was delivered of a healthy boy. The headache progressively increased in severity, and attacks of unconsciousness, short in duration, supervened. Later there were vomiting, coma, death. The diagnosis was a cerebral tumor.

The autopsy showed a tumor the size of a hazel nut in the third ventricle, chronic internal hydrocephalus, with marked distension of all the cerebral ventricles. The tumor contained an albuminous mass, containing mucin and large granulation cells and innumerable characteristic colonies of actinomyces. N. E .B.

THE DIAGNOSIS OF PREMATURE CRANIAL SYNOSTOSES.

At a meeting of the Imperial Society of Physicians in Vienna, Meynert presented two cases of premature closure of the cranial sutures. The one a boy of 9½ years, who was also hydrocephalic, and whose cranium, as a result of synostosis of the entire sagittal sutures, was remarkably